

Electronic Funds Transfer Authorization Agreement



Department of Executive Services
Finance & Business Operations Division

Return completed by fax: (206) 296-7676

Or mail to: Procurement & Payables
401 5th Ave, 3rd Floor
M/S CNK-ES-0340
Seattle, WA 98104

**Please allow five (5) business days
(1 calendar week) for processing**

Select One:	New EFT Authorization		Revision to Current Authorization	
SUPPLIER'S REMIT TO INFORMATION				
Payee Name			Federal Tax ID #	
Chain Organization or DBA			Phone #	
Address 1			City	
Address 2			State	Zip Code
Email Remittance Advice To				
DEPOSITORY INSTITUTION INFORMATION				
Name on Bank Account (if different than above)				
Depository Institution			Bank Transit Routing #	
Account Type:	Checking	Savings	Bank Account #	
SUPPLIER AUTHORIZATION ACKNOWLEDGEMENT				
<p>I, the undersigned Supplier, hereby authorize King County (hereinafter referred to as the County) to make payment for goods and services covered by an agreement by using, at the County's option, Electronic Funds Transfer (EFT).</p> <p>I agree to provide the County with written notification of any change in my depository institution, payment instructions, or remittance data instructions by submitting this form with revisions at least five (5) business days (1 calendar week) in advance of changes.</p> <p>In the event of duplicate or fraudulent payment, overpayment, or any payment made in error, I agree to return payment to the County upon discovery or after the County provides sufficient information to support its claim.</p> <p>I accept that payment made to an incorrect account as listed above are timely and complete for any invoiced goods and services</p>				
Name and Title				
Signature				Date

King County FBOD P&P Use Only	Agency Contact			
	PCSS Service Request		Supplier Number	
	Site name			